Chloroquine

DrugPoints® System

CHLOROQUINE PHOSPHATE

- **Common Tradenames** ***(See Complete Tradename Listing)***
  - ARALEN
- **Class**
  - antimalarial
- **Dosage, Adult (usual)**
  - Amebiasis: 1000 mg chloroquine phosphate (600 mg base) ORALLY daily for 2 days, then 500 mg chloroquine phosphate (300 mg base) ORALLY daily for 2-3 weeks
  - Malaria treatment, uncomplicated acute attacks: 1000 mg chloroquine phosphate (600 mg base) ORALLY, then 500 mg chloroquine phosphate (300 mg base) ORALLY after 6-8 hours, then 500 mg chloroquine phosphate (300 mg base) ORALLY once daily for 2 consecutive days; total dose 2500 mg chloroquine phosphate (1500 mg base)
  - Malaria treatment, severe: 10 mg base/kg IV infused over 8 hours, then 15 mg base/kg infused over 24hrs; oral therapy should be substituted as soon as patient can tolerate oral medication
  - Malaria suppression: 500 mg chloroquine phosphate (300 mg base) ORALLY once weekly (on same day of the week); therapy should begin 2wks before and continue 8wks after last exposure to endemic area; if therapy cannot begin 2 weeks before exposure, an initial loading dose of 1000 mg chloroquine phosphate (600 mg base) ORALLY should be administered
  - Malaria treatment, severe: initially, 160-200 mg base IM and repeated in 6 hours if necessary, a total dose of 800 mg in the first 24 hours should not be exceeded; oral therapy should be substituted as soon as the patient can tolerate oral medication for a total course of 1.5 grams in 3 days
  - Amebiasis: 160-200 mg base IM daily for 10-12 days
- **Dosage, Pediatric, (usual)**

- Malaria treatment: (infants and children) first dose,10 mg base/kg (maximum of 600 mg base) ORALLY; second dose 6 hours after first dose, 5 mg base/kg (maximum of 300 mg base); third dose 18 hours after second dose, 5 mg base/kg; fourth dose 24 hours after third dose, 5 mg base/kg
- Malaria suppression: (children) 5 mg base/kg (maximum of 300 mg base) ORALLY once weekly on the same day of the week beginning 2 weeks before and continuing for 8 weeks after last exposure in endemic area
- Malaria treatment: extreme caution is advised, 5 mg base/kg mg base IM and repeated in 6 hours if necessary, a total dose of 10 mg base/kg in any 24 hour period should not be exceeded, maximum single dose is 5 mg base/kg; oral therapy should be substituted as soon as the patient can tolerate oral medication

- **Dose Adjustments:**
  - renal impairment: CrCl less than 10 mL/min, 50% of dose; if prolonged therapy is needed, give 50 to 100 mg base/day
  - liver disease: serum drug monitoring may be necessary; 30-50% of dose is modified by the liver
- **Administration**
  - 300 mg base=500 mg Chloroquine Phosphate
  - IV use of chloroquine phosphate is not recommended in children
- **Monitoring**
  - CBC periodically
  - liver and renal function
  - periodic ophthalmologic exams
- **How Supplied**
  - 50 MG/ML SOLUTION FOR INJECTION
  - 250 MG, 500 MG TABLET
- **Indications**
  - **FDA labeled indications**
    - Amebiasis, extraintestinal
    - Malaria
- **Contraindications**
  - hypersensitivity to 4-aminoquinoline compounds
  - retinal/visual field changes
- **Precautions**
  - liver disease, alcoholism, or concurrent administration with known hepatotoxic drugs

- blood dyscrasias
- glucose 6-phosphate dehydrogenase deficiency
- renal impairment
- psoriasis or porphyria

- **Adverse Effects**
  - **COMMON**
    - amnesia
    - ECG changes
    - methemoglobinemia (rare)
    - muscle weakness
    - nausea, vomiting, anorexia, diarrhea, abdominal cramps
    - pruritus
    - QT interval prolongation
    - retinopathy
- **Drug Interactions**
  - aurothioglucose
  - cimetidine
  - droperidol
  - erythromycin
  - foscarnet
  - halofantrine
  - isradipine
  - kaolin
  - levomethadyl
  - magaldrate
  - magnesium carbonate
  - magnesium hydroxide
  - magnesium oxide
  - magnesium trisilicate
  - mefloquine
  - rabies vaccine
  - ziprasidone
- **Pregnancy Category**
  - C
- **Breast Feeding**
  - safe

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Levodopa

DrugPoints® System

CARBIDOPA/LEVODOPA

- **Common Tradenames** ***(See Complete Tradename Listing)***
  - ATAMET
  - SINEMET 10-100
  - SINEMET 25-100
  - SINEMET 25-250
  - SINEMET CR
- **Class**
  - antiparkinsonian
  - antiparkinsonian, dopaminergic
- **Dosage, Adult (usual)**
  - Parkinson's disease: 25/100 TAB; initial, 1 TAB ORALLY 3 times a day; increase by 1 TAB daily or every other day to 8 TABS daily
  - Parkinson's disease: 10/100 TAB; initial, 1 TAB ORALLY 3 or 4 times daily; increase by 1 TAB daily or every other day to 8 TABS daily
  - Parkinson's disease: 50/200 (sustained release) TAB, 1 TAB ORALLY twice daily at an interval of at least 6 hr
  - Parkinson's disease: (sustained release) titration, doses and dosing intervals may be increased or decreased depending upon therapeutic response; most patients adequately treated with doses that provide 400-1600 mg of levodopa per day, administered as divided doses at intervals of 4-8 hr during the waking day; dosage adjustment interval at least 3 days
  - Parkinson's disease: maintenance, individualize; minimum of 70-100 mg carbidopa daily to minimize nausea and vomiting, MAX 200 mg carbidopa daily
  - Parkinson's disease: conversion from levodopa monotherapy, levodopa should be discontinued at least 12 hr prior to initiation of treatment with carbidopa/levodopa, which daily dose should be 25% of the previous levodopa dosage

- Restless leg syndrome: 25/100 TAB; 1 TAB once daily at bedtime, may repeat dose if awakening within 2 hr
- Restless leg syndrome: 50/200 sustained release TAB; 1 or 2 TAB 1 hr before bedtime

- **Dosage, Pediatric, (usual)**
  - safety and efficacy not established in pediatric patients
- **Administration**
  - do NOT chew or crush sustained release tablets
  - when doses of the sustained release tablets are given at intervals of less than 4 hr, and/or if divided doses are not equal, it is recommended that the smaller doses be given at the end of the day
- **Monitoring**
  - periodic evaluations of hepatic, hematopoietic, cardiovascular, and renal function during extended therapy
  - monitor closely during dose adjustment period with regard to appearance or worsening of involuntary movements, dyskinesia, or nausea
  - observe carefully for symptoms resembling neuroleptic malignant syndrome if abrupt reduction or discontinuation is required, especially if the patient is receiving neuroleptics
- **How Supplied**
  - 10 MG-100 MG, 25 MG-100 MG, 25 MG-250 MG TAB
  - 25 MG-100 MG, 50 MG-200 MG TER
- **Indications**
  - **FDA labeled indications**
    - Parkinson's disease; idiopathic, post-encephalitic parkinsonism, and symptomatic parkinsonism
  - **Non-FDA labeled indications**
    - Restless leg syndrome
- **Contraindications**
  - hypersensitivity to levodopa/carbidopa products
  - history of melanoma, undiagnosed skin lesions
  - narrow-angle glaucoma
  - nonselective MAO inhibitors concurrently or less than 2 wks prior
- **Precautions**
  - abrupt discontinuation/dose reduction of carbidopa/levodopa (risk of neuroleptic malignant-like syndrome, particularly in patients receiving neuroleptics; gradual tapering of the dose is indicated)
  - asthmatic patients or other severe pulmonary disease (potential

exacerbation due to adverse respiratory side effects)
- CNS adverse effects may occur sooner during carbidopa/levodopa therapy than with levodopa alone)
- dose reduction may be indicated if dyskinesias occur during therapy
- hepatic insufficiency (potential exacerbation)
- history of peptic ulcer disease (risk of gastrointestinal bleeding recurrence)
- patients with endocrine diseases/disorders (potential for adverse effects of levodopa on hypothalamic or pituitary function)
- renal impairment (potential for urinary retention)
- residual atrial, nodal, or ventricular arrhythmias following myocardial infarction (potential exacerbation)
- severe cardiovascular disease (arrhythmia potential)
- chronic wide-angle glaucoma (potential for slight increase in intraocular pressure)
- concomitant use of tricyclic antidepressants, dopamine D2 receptor antagonists
- concurrent antihypertensive therapy (postural hypertension risk)
- diabetes mellitus (potential changes in blood-glucose control)
- history of melanoma
- underlying depression or psychosis (potential exacerbation and enhanced suicidal risk)

- **Adverse Effects**
  - **COMMON**
    - anorexia, nausea, vomiting
  - **SERIOUS**
    - cardiac abnormalities, orthostatic hypotension (1%)
    - dyskinesias (frequent)
    - psychotic symptoms
- **Drug Interactions**
  - acetophenazine
  - bromperidol
  - bupropion
  - chlorpromazine
  - clorgyline
  - droperidol
  - ferric ammonium citrate
  - fluphenazine
  - haloperidol

- iproniazid
- iron
- isocarboxazid
- isoniazid
- mesoridazine
- methotrimeprazine
- metoclopramide
- moclobemide
- nialamide
- papaverine
- pargyline
- perphenazine
- phenelzine
- phenytoin
- pipotiazine
- procarbazine
- prochlorperazine
- promazine
- propiomazine
- pyridoxine
- risperidone
- selegiline
- spiramycin
- thiethylperazine
- thioridazine
- toloxatone
- tranylcypromine
- trifluoperazine
- triflupromazine
- zotepine

- **Pregnancy Category**
  - C
- **Breast Feeding**
  - unknown
- **Notes**
  - when discontinuing levodopa/carbidopa therapy, gradual tapering of the dose is indicated to prevent the occurrence of a condition resembling neuroleptic malignant syndrome
  - may alter some liver function tests, blood urea nitrogen, and positive

Coombs test
- may cause false positive reaction for urinary ketone bodies when a test tape is used for determination of ketonuria
- may cause false-negative tests with the use of glucose-oxidase methods of testing for glucosuria
- rare reports of falsely diagnosed pheochromocytoma

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